



Medi-Cal Rx Monthly Bulletin

May 1, 2022

The monthly bulletin consists of alerts and notices posted to the [Bulletins & News](#) page on the Medi-Cal Rx Web Portal. Sign up for the [Medi-Cal Rx Subscription Service](#) to be notified when new information is posted.

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1. Changes to the Contract Drugs List (CDL)

The below changes have been made to the Contract Drugs List, effective May 1, 2022.

For more information, see the [Contract Drugs List](#) on the Medi-Cal Rx Web Portal.

Drug Name	Description	Effective Date
Brinzolamide	Additional labeler code (00078) restriction added.	May 1, 2022
Cabotegravir	Added to CDL with restriction.	May 1, 2022
Ipratropium Bromide and Albuterol Sulfate	14.7 gm formulation moved to outdated section, product is no longer manufactured or available.	May 1, 2022
Ipratropium Bromide and Albuterol Sulfate	Additional strength (20 mcg-100 mcg) added to CDL.	May 1, 2022
Lurasidone Hydrochloride	Restrictions updated.	May 1, 2022
Nilotinib	Additional strength (50 mg) added with restrictions.	May 1, 2022
Talazoparib	Additional strengths (0.5 mg and 0.75 mg) added.	May 1, 2022
Tetrabenazine	Added to CDL with restrictions.	May 1, 2022

2. Over-the-Counter CDL

The below changes have been made to the Contract Drugs List – Over-the-Counter Drugs, effective May 1, 2022.

For more information, see the [Contract Drugs List – Over-the-Counter Drugs](#) on the Medi-Cal Rx Web Portal.

Drug Name	Description	Effective Date
Cyanocobalamin (vitamin B-12)	Added to CDL with age restriction.	May 1, 2022

Drug Name	Description	Effective Date
Niacin	Added to CDL with age restriction.	May 1, 2022
Riboflavin	Added to CDL with age restriction.	May 1, 2022
Thiamine	Added to CDL with age restriction.	May 1, 2022
Vitamin A (retinol, retinoic acid)	Added to CDL with age restriction.	May 1, 2022
Vitamin C (ascorbic acid)	Added to CDL with age restriction.	May 1, 2022
Vitamin D3 (cholecalciferol)	Added to CDL with age restriction.	May 1, 2022
Vitamin E (DI, tocopheryl acetate)	Added to CDL with age restriction.	May 1, 2022

3. Updates to the Medi-Cal Rx Provider Manual

The updates/additions below have been made to the *Medi-Cal Rx Provider Manual*.

For more information, see the [Medi-Cal Rx Provider Manual](#) Version 1.13 on the Medi-Cal Rx Web Portal.

Section	Update Description	Effective Date
<i>Section 15.1.2 – Medical Supplies Dispensing Quantity Limitations</i>	<ul style="list-style-type: none"> Table 15.1.2-1 <ul style="list-style-type: none"> Updated the “Limitation(s) without PA” category for Pen Needles from “100 per 30-day period” to “200 per 30-day period” 	May 1, 2022
<i>Section 20.0 – Drug and Product Shortages</i> (NEW!)	<ul style="list-style-type: none"> Added section and verbiage to provide information about the policy and processes for requesting alternative medications, supplies, and/or enteral nutrition products when there is a shortage or out-of-stock issue. 	May 1, 2022

4. Medi-Cal Rx Policy for Requesting Alternative Medication in Case of Supply Shortage

The Department of Health Care Services (DHCS) is aware that instances of pharmacy supply chain issues pose challenges to both Medi-Cal providers and beneficiaries. The following information provides guidance on how providers can request alternative medications when the prescribed product is not available or only available in a limited or insufficient quantity.

Prior to requesting an alternative, providers must:

1. Confirm that other pharmacies (or locations of a chain pharmacy) in the nearby region are also out of stock and unable to order the requested item.
2. Rule out use of a suitable alternative that is on the [Contract Drugs List \(CDL\)](#) and available without a prior authorization (PA). This should be done *before* requesting approval of a non-CDL alternative.

Once both conditions above have been met, providers should:

- Submit a "Product Unavailable" PA requesting an alternative that is from a Centers for Medicare & Medicaid Services (CMS)-approved manufacturer. Approved products can be located on the [Medi-Cal Rx Approved NDC List](#).
- Include with the PA verification that the CDL alternative is unavailable in the marketplace in the local region where the beneficiary resides.
- Provide supporting documentation (wholesaler notification, Food and Drug Administration [FDA] notification, association bulletin, etc. confirming shortages) with the PA demonstrating that the original product is unavailable and noting the expected duration of the shortage (if known).
- Request products from a *non-CMS-approved manufacturer as a last resort* when no other options are available.

Note: PA approval may be granted when suitable CDL options are ruled out.

An emergency supply of the alternative medication may be dispensed immediately to the beneficiary for up to a 14-day supply. Such a dispensing does not require a PA. If the shortage is expected to be long term or there is risk of initially providing the emergency product and subsequently switching to a CDL alternative after the emergency supply runs out (e.g.,

destabilization of the condition), then a PA for extended use of the alternative product should be submitted in a timely manner so it can be adjudicated prior to the emergency supply running out.

5. Medi-Cal Rx Policy for Requesting Alternative Medical Supplies or Enteral Nutrition Products Due to Supply Shortages

The Department of Health Care Services (DHCS) is aware that instances of pharmacy supply chain issues pose challenges to Medi-Cal Rx providers and beneficiaries. The following information provides guidance on how providers can request alternative Medi-Cal Rx covered medical supplies or enteral nutrition products when the covered product is not available or only available in a limited or insufficient quantity.

What Providers Need to *Know* About Medical Supplies and Enteral Nutrition Products:

- Specific covered products are billed and provided through Medi-Cal Rx as pharmacy-billed benefits.
- Specific products are restricted to the [Covered Products Lists](#).
- For products on the [Covered Products Lists](#) and restricted to specific National Drug Code (NDC)/billing codes, a prior authorization (PA) request will **not** override a contracted NDC/billing code and will not allow a noncontracted product to be substituted.
- For more detailed information, please refer to the following:
 - [Forms & Information, Medi-Cal Rx Covered Products Lists](#)
 - [Medi-Cal Rx Provider Manual](#)
 - [Enteral Nutrition Update: Temporary Interchange of Equivalent Contracted Enteral Nutrition Products Due to Recent Formula Recall](#)

What Providers Need to *Do* to Request Alternative Medical Supplies and Enteral Nutrition Products:

- Providers who encounter out-of-stock products for covered benefits and specific to a Covered Products Lists or medical supplies category should immediately contact the

Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273. The CSC is available 24 hours a day, 7 days a week, 365 days per year.

- Provider should have the following information ready:
 - Product NDC/billing code
 - Product name
 - Product category (diabetic test strips, condoms, aerochambers, etc.)
 - Documentation, such as manufacturer documentation or a wholesaler/distributor invoice, demonstrating the product is unavailable from any other source and they have attempted to locate the product
 - Documentation of the alternative product the provider would like to use
 - Provider contact information, Rx number, National Provider Identifier (NPI) number, and beneficiary information

Magellan Medicaid Administration, Inc. (MMA) and DHCS will review the request and respond as soon as administratively possible.

6. Medical Supplies Update on Pen Needles

Effective May 1, 2022, pen needles quantity restrictions have been updated to allow 200 pen needles per claim in a 30-day period. Pen needles are used in conjunction with injection pens to deliver injectable medications into the body and are billed on a Medi-Cal Rx pharmacy claim using the contracted product’s National Drug Code (NDC). The Medi-Cal Rx list of [Covered Medical Supplies Product Descriptions and Billing Information](#) will be updated at a later date to reflect this change.

Effective June 1, 2022, the following new pen needle products will be available for reimbursement to Medi-Cal Rx beneficiaries:

Manufacturer	Product Name	Billing Code
HTL-Strefa, Inc. 877-660-1900	Droplet Pen Needles 30G x 8mm	08489791010
HTL-Strefa, Inc. 877-660-1900	Droplet Pen Needles 29G x 12mm	08489830810

Manufacturer	Product Name	Billing Code
HTL-Strefa, Inc. 877-660-1900	Droplet Pen Needles 31G x 8mm	08489830910
HTL-Strefa, Inc. 877-660-1900	Droplet Pen Needles 31G x 5mm	08489831010
HTL-Strefa, Inc. 877-660-1900	Droplet Pen Needles 31G x 6mm	08489831110
HTL-Strefa, Inc. 877-660-1900	Droplet Pen Needles 32G x 8mm	08489831210
HTL-Strefa, Inc. 877-660-1900	Droplet Pen Needles 32G x 6mm	08489831310
HTL-Strefa, Inc. 877-660-1900	Droplet Pen Needles 32G x 5mm	08489831410
HTL-Strefa, Inc. 877-660-1900	Droplet Pen Needles 32G x 4mm	08489831510
Simple Diagnostics 877-342-8385	COMFORT EZ PEN NEEDLES 8MM 31G, box of 100	98302000198
Simple Diagnostics 877-342-8385	COMFORT EZ PEN NEEDLES 5MM 31G, box of 100	98302000199
Simple Diagnostics 877-342-8385	COMFORT EZ PEN NEEDLES 6MM 31G, box of 100	98302000200
Simple Diagnostics 877-342-8385	COMFORT EZ PEN NEEDLES 5MM 31G, box of 50	98302001430
Simple Diagnostics 877-342-8385	COMFORT EZ PEN NEEDLES 6MM 31G, box of 50	98302001431
Simple Diagnostics 877-342-8385	COMFORT EZ PEN NEEDLES 8MM 31G, box of 50	98302001432
Simple Diagnostics 877-342-8385	COMFORT EZ PEN NEEDLES 4MM 32G, box of 50	98302001433

Manufacturer	Product Name	Billing Code
Simple Diagnostics 877-342-8385	COMFORT EZ PEN NEEDLES 5MM 32G, box of 50	98302001434
Simple Diagnostics 877-342-8385	COMFORT EZ PEN NEEDLES 6MM 32G, box of 50	98302001435
Simple Diagnostics 877-342-8385	COMFORT EZ PEN NEEDLES 4MM 32G, box of 100	98302014059
Simple Diagnostics 877-342-8385	COMFORT EZ PEN NEEDLES 5MM 32G, box of 100	98302014173
Simple Diagnostics 877-342-8385	COMFORT EZ PEN NEEDLES 6MM 32G, box of 100	98302014174
Simple Diagnostics 877-342-8385	COMFORT EZ PEN NEEDLES 4MM 33G, box of 100	98302014176
Simple Diagnostics 877-342-8385	COMFORT EZ PEN NEEDLES 5MM 33G, box of 100	98302014177
Simple Diagnostics 877-342-8385	COMFORT EZ PEN NEEDLES 6MM 33G, box of 100	98302014178
Simple Diagnostics 877-342-8385	COMFORT EZ PEN NEEDLES 4MM 33G, box of 100	98302014807
Simple Diagnostics 877-342-8385	COMFORT EZ PEN NEEDLE 12MM 29G, box of 100	98302014808
Simple Diagnostics 877-342-8385	CLEVER CHOICE SDI PEN NEEDLES 31G 8mm, box of 100	50002086002
Simple Diagnostics 877-342-8385	CLEVER CHOICE SDI PEN NEEDLES 31G 5mm, box of 100	50002086003
Simple Diagnostics 877-342-8385	CLEVER CHOICE SDI PEN NEEDLES 31G 6mm, box of 100	50002086004
Simple Diagnostics 877-342-8385	CLEVER CHOICE SDI PEN NEEDLES 32G 4mm, box of 100	50002086005

The list of [Covered Pen Needles](#) will be updated at a later date on the [Medi-Cal Rx Web Portal](#) to add these newly contracted products. For all contracted pen needle products, contractors have guaranteed that Medi-Cal- Rx providers may purchase, upon request, the pen needles for dispensing to eligible Medi-Cal- Rx beneficiaries at or below the Maximum Acquisition Cost (MAC). Providers can locate MAC price suppliers by calling manufacturer phone numbers referenced above or on the list of [Covered Pen Needles](#) on the [Medi-Cal Rx Web Portal](#).

7. Prior Authorization Status Notifications

After a pharmacy provider or prescriber submits a prior authorization (PA), Medi-Cal Rx will adjudicate all PA requests within 24 hours of receipt for either an approval, deferral, or denial recommendation to the Department of Health Care Services (DHCS).

Note: Visibility of a PA result on either the [Medi-Cal Rx Provider Portal](#) or the [CoverMyMeds®](#) portal may take up to 24 hours. The PA submitter will then receive one of the following notifications based on submission method:

The PA submitter will then receive one of the following notifications based on submission method:

- If a pharmacy provider submits a National Council for Prescription Drug Programs (NCPDP) P4 transaction, a P3 inquiry can be performed to get the status of the submission.
 - The status of a P4 transaction will be available on the [Medi-Cal Rx Provider Portal](#).
- If a prescriber submits an electronic prior authorization (ePA) via [CMM](#) and it is approved, the prescriber will be notified in real time in the [CMM portal](#).
 - The status of a CMM-submitted PA will be available on the [Medi-Cal Rx Provider Portal](#).
- If a provider submits an ePA via the [Medi-Cal Rx Provider Portal](#), the provider will receive an electronic notification upon successful submission of the ePA.
 - A confirmation page will display the message, **“Your Prior Authorization request has been submitted successfully!”**
- If a provider submits a PA via fax or mail, the submitter will be notified via fax. A failed fax will trigger a mailed letter.
 - The status of a faxed or mailed PA will be available on the [Medi-Cal Rx Provider Portal](#).

The following table shows the PA status and its status note that will display on the [Medi-Cal Rx Provider Portal](#) for all submission methods.

Prior Authorization Status	
Displayed Status	Prior Authorization Status Note
In Progress	Additional info needed. View PA response in Portal.
	PA request is in progress.
Approved	PA request is approved as requested.
	PA request is approved with modification(s).
Change in Therapy	Provider selected alternate therapy.
Denied	PA request has been denied.
No PA Required	PA not required at this time; case closed.

8. Medi-Cal Rx Coordination of Benefits (COB) Reminder

This Medi-Cal Rx Coordination of Benefits (COB) reminder provides guidelines and tips for pharmacy providers billing Other Health Coverage (OHC).

OHC is defined as other health insurance that is primary to Medi-Cal. An eligible beneficiary for Medi-Cal Rx may also have OHC that covers their prescriptions and Medi-Cal supplies. This includes beneficiaries who have both Medi-Cal and Medicare, or who have Medi-Cal and commercial health insurance.

COB Explained

COB is the mechanism used to designate the order in which multiple carriers are responsible for benefit payments and prevention of duplicate payments. Pharmacies should refer to the *Coordination of Benefits* section in the [Medi-Cal Rx Provider Manual](#) for specific requirements and OHC carrier information.

The Department of Health Care Services (DHCS) is responsible for ascertaining liable third parties or OHC and ensuring the other payer is billed before Medi-Cal Rx.



- OHC must be billed prior to billing Medi-Cal Rx.

Claim Submission Information

Referenced information regarding general claim submission information, reject codes, prior authorizations (PA), claims cutoff, share of cost (SOC), and COBs may be found in the [Claim Submission Reminders](#) bulletin.

Medi-Cal Rx payment is based upon the Medi-Cal Rx allowable amount, minus any payment a provider has received from Medicare, private insurance, and beneficiary SOC. Providers will be reimbursed up to Medi-Cal Rx's maximum allowed amount when combined with the primary insurance payment.



- Medi-Cal Rx is always the payer of last resort unless a beneficiary also has the California AIDS Drug Assistance Program (ADAP).

What is Needed on an OHC Claim?

- Pharmacy providers can check beneficiary eligibility and OHC information using one of the following methods:
 - Medi-Cal Rx Beneficiary Eligibility Lookup Tool (via the [Medi-Cal Rx Provider Portal](#))
 - Point of Sale (POS)
 - Customer Service Center (CSC) toll-free number: 1-800-977-2273, available 24 hours a day, 7 days a week, 365 days per year.



- Hearing-impaired callers can select option 7 for TTY.

- Include the primary payer ID on your claim. For OHC other payer name and payer ID, refer to [Appendix G – OHC Carrier Information](#) in the [Medi-Cal Rx Provider Manual](#). Once the other insurer has been billed, and they have either been partially paid or denied the claim, a pharmacy claim can then be submitted to Medi-Cal Rx containing the OHC details and other payer's response.

- For a list of the allowed other coverage codes (OCCs), refer to the table in the *Allowed Other Coverage Codes (OCC) for Standard OHC and Medicare Part D* section of the [Medi-Cal Rx Provider Manual](#).

Billing Order

When submitting a claim with OHC, obtain a denial from the primary payer before submitting a claim to Medi-Cal Rx. Once the primary payer has been billed, the pharmacy claim can then be submitted to Medi-Cal Rx containing OHC details and other payer's response. The Medi-Cal Rx pharmacy claim will then be processed accordingly.

When a beneficiary has Medi-Cal Rx, Medicare, and OHC, the provider must bill payers in the following order:

1. OHC insurance
2. Medicare-covered services
3. MediCal Rx

Updating OHC

If the beneficiary indicates that they do not have OHC for pharmacy services, then the prescriber, pharmacy provider, or beneficiary can use the following resources to update the OHC record:

- **OHC Online Form:** [Other Health Coverage](#) (click the **OHC Removal[s] Form** button).
- **OHC Online Step-by-Step Reference Guide:** [Other Health Coverage Reference Guide](#).
- **Reference Instructions:** [Adding or Removing Other Health Coverage for Medi-Cal Beneficiaries](#).

Additional Resources

For additional Medi-Cal Rx information, refer to the *Coordination of Benefits (COB)* section of the [Medi-Cal Rx Provider Manual](#) or the "Coordination of Benefits" references in the [Medi-Cal Rx Payer Sheet](#).

9. Dexcom Therapeutic Continuous Glucose Monitoring (CGM) – Issue Resolved

Medi-Cal Rx has resolved the prior authorization (PA) issue for Therapeutic Continuous Glucose Monitoring (CGM) Systems that resulted in incorrect selection of products when using the CoverMyMeds® (CMM®) submission channel. The Medi-Cal Rx system will now correctly process the Dexcom product as requested.

Providers can now return to submitting Dexcom products through CMM.

Please refer to the [List of Covered Therapeutic Continuous Glucose Monitoring \(CGM\) Systems](#) located on the [Medi-Cal Rx Forms and Information](#) page of the [Medi-Cal Rx Provider Portal](#) for additional information.

10. Medicare Remit Easy Print Software for EDI 835 Files

Pharmacy providers who would like to receive Medi-Cal Rx Remittance Advices (RAs) electronically, including special reports, can use the free Medicare Remit Easy Print (MREP) software provided by the Centers for Medicare & Medicaid Services (CMS) to view and print Health Insurance Portability and Accountability Act (HIPAA)-compliant Electronic Data Interchange (EDI) 835 files.



- MREP software can be used to view EDI 835 files downloaded from the Medi-Cal Rx Finance Portal.

Instructions for downloading and installing MREP software are available on the [Medicare Remit Easy Print \(MREP\)](#) page on the CMS website. The following downloads are required to use MREP software:

- [.NET framework](#) (at least 2.0, Service Pack 2)
- [WinZip](#) or compatible decompression application to extract files
- [Adobe Acrobat](#) – Portable Document Format Reader to read PDF files

MREP Instructions and Helpful Guides

- [Download Instructions for Local PC Easy Print \(DOCX\)](#)
- [Medicare Remit Easy Print Uninstall Instruction \(PDF\)](#)

- [Download Instructions for Network Easy Print \(DOCX\)](#)
- [MREP Help – Provider/Supplier \(DOCX\)](#)
- [MREP Help – Carrier \(DOCX\)](#)
- [Medicare Remit Easy Print – Version 4.6 \(ZIP\)](#)
- [Medicare Remit Easy Print Demo \(PDF\)](#)
- [Medicare Remit Easy Print User Guide 4.6 \(PDF\)](#)

11. Enteral Nutrition Update: Temporary Interchange of Equivalent Contracted Enteral Nutrition Products Due to Recent Formula Recall

Effective March 15, 2022 through July 1, 2022, enteral nutrition providers are permitted to interchange equivalent or similarly contracted enteral nutrition products without the requirement of a new prescription from the prescriber documenting the substitution.

This is a temporary interchange of equivalent or similarly contracted enteral nutrition products to allow manufacturers to adjust formula supply. This policy ends July 1, 2022.

This temporary substitution policy is in response to the large Abbott Nutrition recall of a specific enteral nutrition formula that occurred in February 2022 resulting in the shortage of product, prescriber backlog, supply and demand concerns from manufacturers, and access-to-care concerns.

The following criteria applies and must be documented in the beneficiary's file, either physically or electronically:

- The substituted product must be a contracted enteral nutrition product on the [List of Covered Enteral Nutrition Products](#) published on the [Medi-Cal Rx Web Portal](#).
- The product substituted must be in the same category and must have the same published product use of the original product (refer to the manufacturer's website for specific details). Please refer to the *Enteral Nutrition Products* section of the [Medi-Cal Rx Provider Manual](#) for more detailed coverage information.
- The product substituted must be the same kcal/gram, milliliter, or each as the original product.

- The product substituted must have the same product-specific criteria as the original product. Refer to the [List of Covered Enteral Nutrition Products](#) for product-specific criteria.
- The provider must document:
 - The substitution necessity, and
 - The date of the substitution, and
 - The original Rx number for the original product is now unavailable, and
 - The number of refills remaining on the prescription

Once the prescription is filled with the substituted product, the provider will notify the prescriber that a substitution has been made due to a lack of available formula due to a recent recall. This notification will inform the prescriber of the updated product currently being administered to the beneficiary and allow the prescriber to review, evaluate, and order a change to the enteral nutrition therapy if desired.

Providers should continue to document product billing numbers, prior authorization (PA) information, and clinical justification in the beneficiary's file for California Board of Pharmacy and Department of Health Care Services (DHCS) auditing purposes.

This is a temporary interchange of equivalent or similarly contracted enteral nutrition products to allow manufacturers to adjust formula supply. This policy ends July 1, 2022.

Any prescriptions for enteral nutrition formula submitted to Medi-Cal Rx on or after that date must contain the contracted billing number of the product, PA information, and clinical justification as required by prior policy.

12. Monoclonal Antibodies for the Outpatient Treatment of COVID-19 as a Pharmacy Benefit

Effective April 1, 2022, the Department of Health Care Services (DHCS) will reimburse the following monoclonal antibodies for the treatment of COVID-19 as a pharmacy benefit when dispensed for use in nonhospitalized patients in accordance with the Emergency Use Authorization (EUA) requirements or Food and Drug Administration (FDA) approval.

Monoclonal Antibodies for Pre-Exposure Prophylaxis of COVID-19

- Tixagevimab packaged with Cilgavimab and administered as two separate consecutive intramuscular injections (EUA issued December 8, 2021; updated December 20, 2021).

Monoclonal Antibodies to Treat Mild-to-Moderate COVID-19

- Sotrovimab (EUA issued May 26, 2021; updated December 16, 2021).
- Bebtelovimab (EUA issued February 11, 2022).

These monoclonal antibodies should be administered in either a hospital or a health care setting with immediate access to medications to treat a severe infusion or hypersensitivity reaction (i.e., anaphylaxis) and can activate the emergency medical system (EMS) if necessary.

- DHCS allows a broad range of providers and suppliers to administer these treatments, including, but not limited to, the following:
 - Freestanding and hospital-based infusion centers
 - Home health care agencies
 - Nursing homes
 - Entities with whom nursing homes contract to administer treatment

Important Billing Instructions

- Dispensing is restricted to the requirements of the EUA or FDA approval.
- DHCS will not reimburse the drug ingredient cost to pharmacies that dispense the monoclonal antibody products since they are supplied free by the federal government.
- DHCS will reimburse the professional dispensing fee.
- Subject to the EUA requirements, DHCS policy does not include administration of these monoclonal antibodies by pharmacies.
- DHCS will not make separate payment for the preparation of monoclonal antibodies for use by another provider or supplier to specialty pharmacies that prepare the product prior to infusion by another provider.

This policy will be updated if providers begin to purchase monoclonal antibody COVID-19 products.

Product Distribution Information

COVID-19 monoclonal antibodies are currently being distributed by the Department of Health and Human Services (HHS) in coordination with state and territorial health departments.

Providers can find public locations that have received shipments via [COVID-19 Therapeutics Locator \(arcgis.com\)](#).

For California, see [Distribution and Ordering of Anti-SARS-CoV-2 Therapeutics](#) on the California Department of Public Health website.

NDC	Label Name	Generic Name	Description	PA Required?	Max Quantity
00173090186	Sotrovimab 500 mg/8 ml VL (EUA)	Sotrovimab	1 vial (500 mg [62.5 mg/mL])	No	1 vial
00310744202	Evusheld 2-vial dose pack (EUA)	Tixagevimab / Cilgavimab	1 carton (2 vials per pack) 1 vial of Tixagevimab 150 mg/1.5 mL (100 mg/mL) 1 vial of Cilgavimab 150 mg/1.5 mL (100 mg/mL)	No	2 cartons (2 vials of each drug)
00002758901	Bebtelovimab 175 mg/2 ml (EUA)	Bebtelovimab	1 vial (175 mg/ 2 mL [87.5 mg/ mL])	No	1 vial

You can call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.

13. Changes to Pneumococcal 15 & 20 Vaccines

Retroactive to January 1, 2022, Pneumococcal 15 and 20-Valent Conjugate Vaccines are added to the [Medi-Cal Rx Contract Drugs List](#) (CDL) without a prior authorization (PA) requirement.

Please see the updated CDL pages for further details.

14. How To Find Covered Drugs

To determine drug coverage, prior authorization (PA) requirements, Code 1 specifics, and drug restrictions and limitations, refer to the [Medi-Cal Rx Provider Manual](#) and the [Medi-Cal Rx Contract Drugs List](#) (CDL). Use the [Medi-Cal Rx Drug Lookup Tool](#) and the [Medi-Cal Rx Approved National Drug Code \(NDC\) List](#) to find NDC-specific drug coverage information.



- The CDL and NDC do not reflect recent temporary changes the California Department of Health Care Services (DHCS) implemented to reduce claim denials and PAs.
- Information provided by these tools does not guarantee coverage or payment.

Medi-Cal Rx CDL

The [CDL](#) is a list of drugs that have been reviewed and are generally available without a PA. It is searchable by generic names only, and some drugs on it may have utilization controls referred to as a Code 1. Any labeler restriction (LR) for a drug will be notated with a five-digit LR number.

The [CDL](#) can be found on the [MediCal Rx Provider Portal](#), on the [Forms & Information](#) page and then selecting the **Covered Products List** tab on the lefthand side. The CDL can also be found on the [Medi-Cal Rx home page](#) by clicking the **Tools & Resources** drop-down menu at the top of the page and selecting the [CDL](#).

- Using **Ctrl-F** on your keyboard will help search for a particular drug name on the [CDL](#).
- Drugs that are not listed on it require PA.
- The Code 1 column lists additional restrictions such as LRs, quantity limits, age limits, and diagnosis restrictions.

Medi-Cal Rx Approved NDC List

The [NDC List](#) is a spreadsheet that contains [NDCs](#) eligible for coverage and reimbursement under Medi-Cal Rx. This list is updated monthly and includes drugs listed on the [CDL](#), as well as drugs not listed on the [CDL](#) requiring PA. Code 1 restrictions for drugs listed on the [CDL](#) are not included on the [NDC List](#) but can be found on the [CDL](#).

15. Deadline Reminder: Electronic Claims Agreement

This is a reminder that by **April 30, 2022**, all participating Medi-Cal Rx pharmacy providers and billers will need to submit a [Medi-Cal Rx Telecommunications Provider and Biller Application/Agreement \(DHCS Form 6500\)](#) to continue submitting electronic claims without interruption. Refer to the [Medi-Cal Rx Electronic Claims Agreement alert](#), originally posted on December 13, 2021.



- Pharmacy providers and billers will NOT be able to continue to submit electronic Point of Sale (POS) claims without recertifying their agreement.
- If the pharmacy provider who fills out this form is not the biller, then the biller must also complete the appropriate sections of the form.

Instructions for Pharmacy Providers and Billers

1. Download and print the [Medi-Cal Rx Telecommunications Provider and Biller Application/Agreement \(DHCS Form 6500\)](#).
2. Complete the form in **blue ink** and verify all information is correct.
3. Return the form with an original signature to the following address:

Medi-Cal Rx Customer Service Center

ATTN: Billing Agreement Processing

P.O. Box 610 Rancho Cordova, CA 95741-0610

16. Medi-Cal Rx Policy Updates: Consolidated Listing

Medi-Cal Rx has implemented both temporary and permanent policy changes.

Below is a consolidated listing of previously published Medi-Cal Rx policy updates. Review the links below to learn about these policy updates, how they affect you, and how to proceed moving forward.

- [Revised Emergency Fill Quantity and Frequency Policy](#)
- [Medi-Cal Rx Policy Updates](#)
- [Clarification of Temporary Prior Authorization \(PA\) Policy Change](#)
- [Enteral Nutrition Products: Prior Authorization Policy for Reject Code 75](#)

17. Medi-Cal Rx Finance Portal Frequently Asked Questions

The [Medi-Cal Rx Finance Portal Frequently Asked Questions \(FAQs\)](#) document contains answers to FAQs to assist providers on the use of the Medi-Cal Rx Finance Portal. To locate the [Medi-Cal Rx Finance Portal FAQs](#), first visit the Medi-Cal Rx Provider Portal, then click [FAQ](#) located on the top right-hand banner tab, and lastly select **Finance Portal** from the available options. For more information on the Medi-Cal Rx Finance Portal, please reference the [Medi-Cal Rx Finance Portal Job Aid](#). The Medi-Cal Rx Finance Portal enables pharmacy providers, including chain pharmacies, to conduct the following:

- Manage claim payment methods (paper check vs. Electronic Funds Transfer [EFT])
- Maintain Remittance Advice (RA) delivery options (Electronic Data Interchange [EDI] 835 file vs. paper/PDF)
- View and download RAs once posted

18. Reject Code 70: Product/Service Not Covered

Medi-Cal Rx has identified a large volume of pharmacy claims denials with **NCPDP Reject Code 70: Product/Service Not Covered**. Please review the following guidance to avoid this rejection.

Billing Tips for Reject Code 70

- The billed drug, medical supply item, or enteral nutrition product must have a National Drug Code (NDC) number/billing code. Enter the NDC number/billing code listed on the package for the drug on your claim.
- Verify that the NDC number/billing code is entered correctly.
- Confirm that the billed drug, medical supply item, or enteral nutrition product is a covered benefit on the [Medi-Cal Rx Contract Drugs List \(CDL\)](#), the [Medi-Cal Rx Approved NDC List](#), or one of the Medical Supplies or Enteral Nutrition covered lists of products.
- Review the drug limitations and/or restrictions as listed in the [Medi-Cal Rx CDL](#) by generic drug name.
- For a medical supply item or an enteral nutrition product, review coverage criteria in *Section 12.0 – Enteral Nutrition Products* or *Section 13.0 – Medical Supplies* of the [Medi-Cal Rx Provider Manual](#).

Helpful Links:

- [Covered Products List](#)
 - Click the **Covered Products List** tab located in the left column.

19. Medi-Cal Rx Billing Policy for Physician Administered Drugs

The Department of Health Care Services (DHCS) continues to receive reports of impeded access to physician administered drugs (PADs) – including chemotherapeutic agents, anti-rejection medications for organ transplants, and long-acting contraceptives – by providers who believe PADs are a pharmacy benefit and billable to Medi-Cal Rx. This bulletin clarifies how PADs should be billed under Medi-Cal Rx.

- PADs are typically non-self-administered medications dispensed by a health care professional outside of a pharmacy setting. PADs are **always** a medical benefit that should be submitted by the medical provider on a medical claim to either the fee-for-service (FFS) fiscal intermediary or a managed care plan (MCP) as applicable. MCPs or their contracted agents cannot reassign PAD claims across the board, either in full or in part, to be processed through Medi-Cal Rx.

- Depending on the medical necessity, there are few exceptions for a pharmacy provider to order, fill, and bill a non-self-administered drug and send it to an administering provider to dispense the drug appropriately. Most of these exceptions require a pharmacy prior authorization (PA) justifying the medical necessity as to why the medically administered drug needs to be billed as a pharmacy claim. The claim can only be billed through Medi-Cal Rx with an approved PA.
- PA approvals of PADs billed by pharmacy providers are not intended to replace PAD coverage as a medical benefit. PADs will always remain a medical benefit even when they are also available as a pharmacy benefit on a case-by-case basis.
- Medi-Cal beneficiaries should not be directed to go to a pharmacy to obtain PADs unless the individual case is a warranted exception as described above.